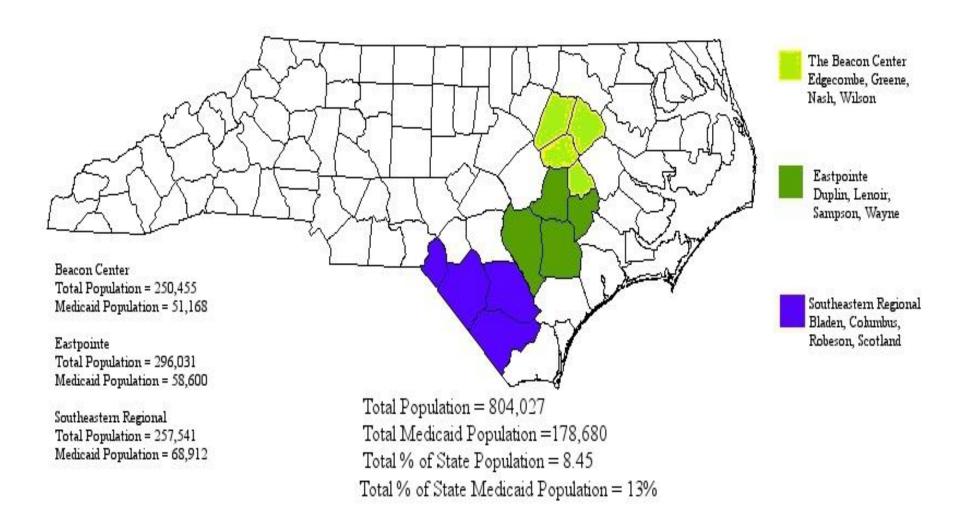


Life as an MCO- The First Month

As presented by Ken Jones, CEO February 27, 2013





● Total expenditures projected ~\$400 Million

9-15-11- Presentation to Governance Advisory Committee



Member Lives Covered-Medicaid

Rank	LME	Medicaid
1	Alliance Behavioral Healthcare	186,485
2	Cardinal Innovations Healthcare Solutions	183,708
3	Eastpointe	178,775
4	Sandhills Center for MH/DD/SAS	147,872
5	Partners Behavioral Health Management	140,677
6	MeckLINK Behavioral Healthcare	115,344
7	East Carolina Behavioral Health	93,757
8	Smoky Mountain Center	83,089
9	CenterPoint Human Services	76,315
10	Western Highlands Network	67,693
11	CoastalCare	69,787



Goldsboro Site Functions Rocky Mount
Site Functions
Provider
Relations

Beulaville Administrative Office

Lumberton
Site Functions
Call Center

Administrative Functions – Finance, IT, UM Site Functions

- Care Management MH/IDD
- Community Relations
- Provider Monitoring
- Training
- QM



Goals

To manage care and ensure cost effective treatment

Medicaid \$22M/per month

State Indigent IPRS \$3M/per month

3-way contract \$250,000 per month

12 Counties \$212,000 per month

- Improved access to services and Quality of Care
- To have management of State/Medicaid Services occur at a local community level



Provider Network



Eastpointe started publicizing application process in May 2012

More than 1200 individuals attended multiple educational sessions thru December.

More than 520 email notifications sent via provider listserve.



Consumer and Provider Access to Eastpointe MCO

- Consumer Family Advisory Council (CFAC)
- Provider Council
- Client's Rights Committee
- Clinical Advisory Committee
- Credentialing Committee
- Cultural Competency Committee
- Global Quality Management Committee
- Community Relations Staff assigned to each county
- Monthly Provider meetings and Provider Council meetings

- Bi-Weekly Provider Trainings/Webinars
- Consumer Forums on Special topics
- Community Collaborative Group (Hospitals, Sheriffs' Department, Health Agency, DSS, Crisis Walk-In Centers)
- Suggestion Boxes
- Telephonic and Email availability for Grievances
- Call Center
- Website



Information Technology System

- Eastpointe uses Netsmart Technologies, Inc. as their MCO software vendor
- Netsmart has been in business since 1968 and Eastpointe has utilized their products since 1999.
- They have 21,000 clients and 40 state systems
- Eastpointe successfully utilized the Netsmart system during our 2 years as a Medicaid UR vendor
- Netsmart is certified by the Certification Commission for Healthcare Information Technology (CCHIT)

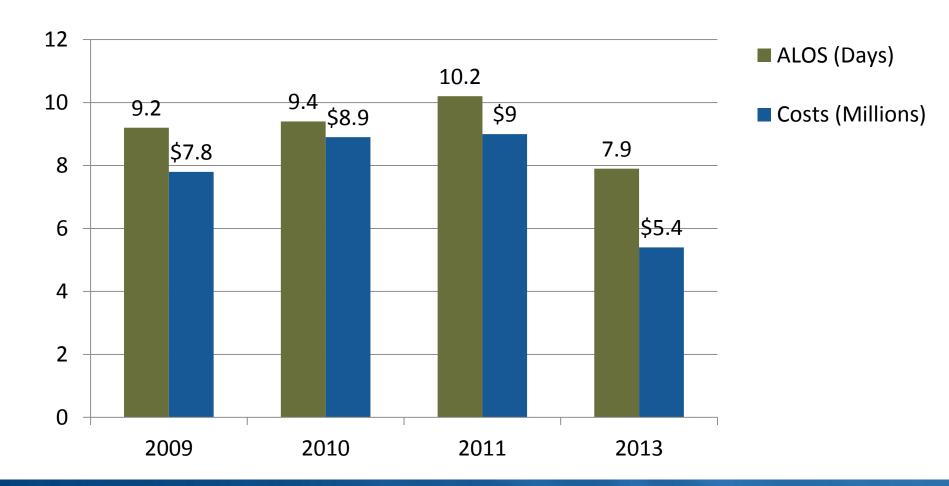


Eastpointe - Initial Budget Strategy

- Budget preparation included both clinical and finance staff; budget includes drill down to service level.
- In some cases, Eastpointe budgeted over the PMPM service rates for services underfunded. Other service areas Eastpointe showed savings to make budget.
- Eastpointe MCO is too new at this point in time to showcase results. Instead, here are some examples of the roadmap we plan to use.



Inpatient Average Length of Stay (ALOS) and Costs of Care



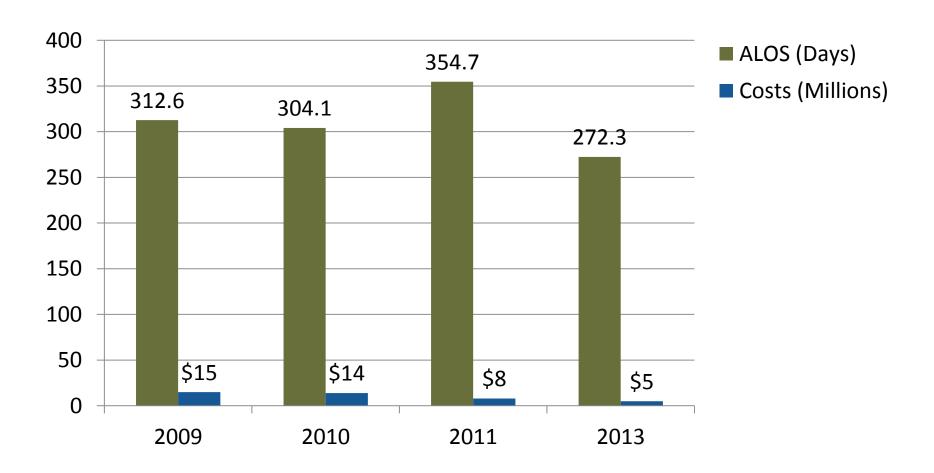


PRTF Average ALOS and Cost of Care





Partial Hospital / Day Treatment ALOS and Cost of Care





Reshaping Service Delivery

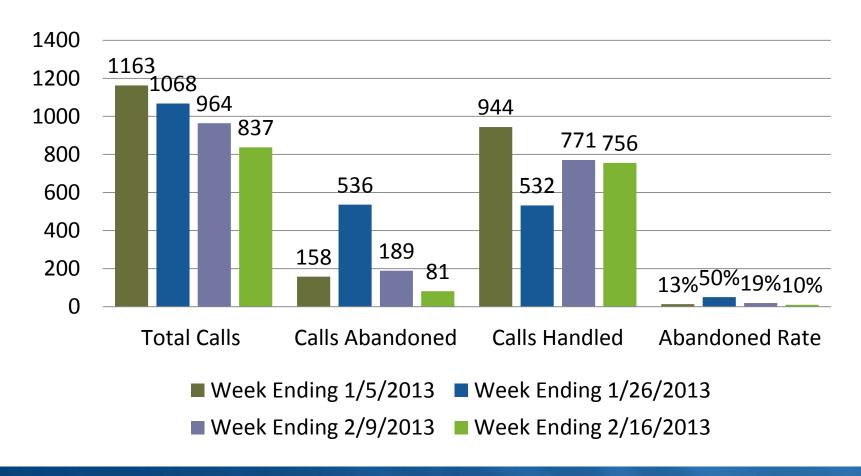
- ACTT an additional 11.9% of what is saved in other areas will be redirected here
- Psych Rehab an additional 7.1% of savings will be redirected in these supportive services



- Member Call Statistics (January 2013)
 - Out of 10,066 calls, only 23 calls went to voice mail



Provider Call Center Stats





(Initial issues and resolutions)

Authorizations

Obtaining the former vendor's authorizations impacting our MCO was problematic and spilled into our go-live. We have resolved this issue but it was very visible to the provider community.

Claims Processing

- Training, Transition, and Setup Issues (resolved)
- Eastpointe continues to look at denials and trends to determine training and/or payment issues.



Claims Processing

Transition Issues/Concerns

Claims Issue/Concern	Eastpointe Response/Resolution
Member not admitted into the system- thus provider could not submit requests and bill.	Eastpointe implemented "Team LCAD" to enter all admissions until software allows direct admission by the provider.
VO authorizations not loaded into the Eastpointe system.	Eastpointe continues to received an enter authorizations completed by VO that were not on the file received by Eastpointe.
Incorrect authorization number (VO number) entered on claim, causing a denial.	Eastpointe trained providers on issue, communicated via listserve, and had software vendor added temporary logic to correct provider error and search for appropriate auth.



Claims Processing

Transition Issues/Concerns

Claims Issue/Concern	Eastpointe Response/Resolution
Provider agency billed \$0.00 in claim. Eastpointe's logic paid the lesser of amount billed or contracted amount.	Eastpointe re-adjudicated all claims that were paid at the \$0.00 amount and educated providers on the issue. Eastpointe has temporarily lifted this logic (edit).
837 system loop error	Eastpointe identified issue and software vendor resolved issue.
Third Party Payer denial for Innovations and Enhanced Service recipients.	Eastpointe corrected this internally- this was a set up issue easily resolved. All claims previously denied were readjudicated.



- FACTS For January Claims:
 - Total Claims Processed 67,726
 - Total Claims Paid to Providers -\$11.7 M

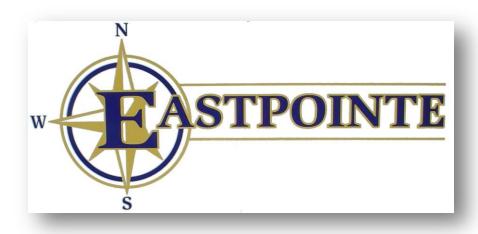


No Changes to HB 916 and the 1915(b)(c) Medicaid Waiver

- HB 916 is solution focused Legislation Give it time to See the Results
 - The Delivery of Medically Necessary Services
 - Increased Quality of Care
 - Cost Savings
 - Predictability Cost
 - Sustainable Business Environment



Closing



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